MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER AS FILED I"AMENDMENT 2 [™] AMENDMENT 1" AMENDMENT 2 MAMENDMENT IND. DEP. IND. | DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND TOTAL DEP TOTAL DEP TOTAL TOTAL CLAIMS CLAIMS